Administrative Modification Template

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF INDIAN AFFAIRS

ADMINISTRATIVE MODIFICATION

| TRACT NO.: | | ROW NO.: TAAMS ID NO.: PAGE No.: |
|--|---|--|
| The United States of America, acting by and thr Agency Name and Address for, and on behalf, of hereby agreed by and between, Grantee, that the approved on approval date, is hereby amended to | Exame of Tribe or Landowner(s) he Grant of Right-of-Way Easer | (the GRANTOR), it is ment No. ROW Contract No. |
| Delete and replace (insert original clerical erro | or) with (insert correction). For | r example: |
| Delete and replace in paragraph 1, legal desc Section 2, Township 2 South, Range 3 East. | eription, Section 2, Township 2 | 2 South, Range 3 East with |
| This modification does not change any of the te herein. | rms, conditions, or stipulations e | except as specifically set forth |
| (Grantor) | (Grantee) | |
| The within modification is hereby approved and or regulations prescribed by the Secretary of the International Control of the Intern | | |
| IN WITNESS WHEREOF, GRANTOR, pursua and 3 IAM 4 and supplements thereto (or application to this grant of easement on this | cable delegation of authority), is | executing this Administrative |
| DATE APPROVED: | | |
| | Superintendent (Insert Name) Agency Town, State | 7 |
| BY: Approving Official Title | | |
| Approving Official Title U.S. Department of the Interior | | |
| Bureau of Indian Affairs | | |

ACKNOWLEDGEMENT OF THE SUPERINTENDENT

| The foregoing instrument was acknown | wledged before me this | day of, | |
|---------------------------------------|------------------------------|-------------------------------------|-----------|
| 20by | _, Superintendent for the Bu | reau of Indian Affairs, (Insert Age | ncy name) |
| Agency. | | | |
| Witness my hand and official seal. | | | |
| | Notary Public | | |
| ACKNOWLEDGEMENT | | | |
| STATE OF: | | | |
| : SS. | | | |
| COUNTY OF: | | | |
| Subscribed and sworn to before me the | hisday of | , 20 | |
| Signature of Notary Public | | | |
| My commission expires on | 20 | | |